



North Carolina Department of Labor
Apprenticeship and Training Bureau
4 West Edenton Street
Raleigh, NC 27601-1092
(919) 733-7533

Apprenticeship Agreement

The program sponsor and the apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The sponsor will afford the apprentice equal opportunity in employment and training without discrimination because of race, color, religion, national origin, disability, or sex. Terms of agreement are attached.

Sponsor: Address: City: _____, N.C. Zip: _____ Phone Number: _____ Program Number: _____ Supervisor of Program: _____ Email Address: _____ Fax Number: _____		Employer: (if same as sponsor, check box and leave blank <input type="checkbox"/>) Name: _____ Address: _____ City: _____, N.C. Zip: _____ Phone Number: _____ Email Address: _____ Fax Number: _____		
Social Security Number: _____ Apprentice Address: _____ City: _____, N.C. Zip: _____ Phone Number: _____ Email Address: _____ Fax Number: _____ Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other	Educational Background: <input type="checkbox"/> High School Graduate <input type="checkbox"/> High School Student <input type="checkbox"/> G.E.D. <input type="checkbox"/> Other <input type="checkbox"/> Permanent Waiver <input type="checkbox"/> Temporary Waiver	Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Viet-Nam Era Veteran <input type="checkbox"/> Other Veteran
Occupation Title Dictionary of Occupational Titles (D.O.T. Code)	On-The-Job Training		Related Instruction	
	Hours Required		Hours Required	
	Credit for Previous Work Experience		Credit for Previous Related Instruction	
	Hours Remaining		Hours Remaining Wages Paid During <input type="checkbox"/> Yes Related Instruction: <input type="checkbox"/> No	
Probationary Period	Date Apprenticeship Begins	Expected Date of Completion		Attachments? (required if credit is given) <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Apprentice: (Parent /Guardian, if a minor):		Signature of Sponsor: Title:		Signature of Apprenticeship Consultant:
Date:		Date:		
Date:				

Bureau Chief's Approval: _____

☐ Previous Credit

☐ Waiver

Date: _____

Copy (1) File Copy (2) Apprentice Copy (3) Field File Copy (4) Sponsor Copy (5) VA Copy (if applicable)

Page 1 of 2